

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Minnesota

David Stock Farm Services, Inc.

Plaintiff

v.

Natural Resources Conservation Service and
United States Department of Agriculture

Defendant

Civil Action No. 09.902 PJS/RLE

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) NATURAL RESOURCES CONSERVATION SERVICE, United States
Department of Agriculture, 375 Jackson Street, Suite 600, St. Paul, MN 55101

UNITED STATES DEPARTMENT OF AGRICULTURE, 1400 Independence
Avenue SW, Washington D.C. 20250

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

H. Morrison Kershner
Pemberton, Sorlie, Rufer & Kershner, P.L.L.P.
110 North Mill Street, P.O. Box 866
Fergus Falls, MN 56538-0866
Telephone: 218-736-5493
Email: m.kershner@pemplaw.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

4.20.09

U. Morales
Signature of Clerk or Deputy Clerk

Dated: April 27, 2009

s/ H. Morrison Kershner, No. 55426

Attorneys for Plaintiff

PEMBERTON, SORLIE, RUFER

& KERSHNER, P.L.L.P.

110 North Mill Street, P.O. Box 866

Fergus Falls, MN 56538-0866

Telephone: 218-736-5493

Facsimile: 218-736-3950

m.kershner@pemplaw.com

HMK:vks
2009-4112

AO 440 (Rev. 02/09) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Natural Resources Conservation Service and
 was received by me on *(date)* _____ United States Department of Agriculture

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: _____/and complaint
 I served the summons by Certified Mail - Return Receipt Requested upon the following
 Natural Resources Conservation Service, received on April 29, 2009, Exhibit A attached.
 U.S. Department of Agriculture, received on May 7, 2009, Exhibit B attached.
 U.S. Attorney's Office, received on April 29, 2009, Exhibit C attached.
 National Appeals Division, received on May 1, 2009, Exhibit D attached.
 My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00
 United States Attorney General, received on May 6, 2009, Exhibit E attached.

I declare under penalty of perjury that this information is true.

Date: July 8, 2009

Server's signature _____

s/ H. Morrison Kershner, No. 55426
 s/ Joshua M. Heggem, No. 0387834
 Attorneys for Plaintiff
 PEMBERTON, SORLIE, RUFER
 & KERSHNER, P.L.L.P.
 110 North Mill Street, P.O. Box 866
 Fergus Falls, MN 56538-0866
 Telephone: 218-736-5493
 Facsimile: 218-736-3950
 m.kershner@pemlaw.com
 j.heggem@pemlaw.com

Additional information regarding attempted service, etc:

9255 1050 9000 0180 9000 7006 0810 0006 0501 5326

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.24

Postmark Here
 APR 27 2009
 FERGUS FALLS, MN 55955

Sent To
 NRCS, USDA
 Street, Apt. No., or PO Box No. 375 Jackson Street, Suite 600
 City, State, ZIP+4 St. Paul, MN 55101

PS Form 3800, June 2002 See Reverse for Instructions

1115 2009-4112

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 NRCS
 USDA
 375 Jackson Street
 Suite 600
 St. Paul, MN 55101

2. Article Number
 (Transfer from service label)
 7006 0810 0006 0501 5326

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Carolyn Kruck ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Carolyn Kruck

C. Date of Delivery
 4-29-09

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Domestic Return Receipt 102595-02-M-1540



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OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$6.24

Postmark Here
APR 27 2009
FERGUS FALLS, MN

Sent To
USDA
Street, Apt. No., or PO Box No. 1400 Independence Ave SW
City, State, ZIP+4 Washington D.C. 20250

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
USDA
1400 Independence Ave SW
Washington D.C.
20250

2. Article Number
(Transfer from service label)
7005 3110 0000 0501 8902

PS Form 3811, February 2004 Domestic Return Receipt

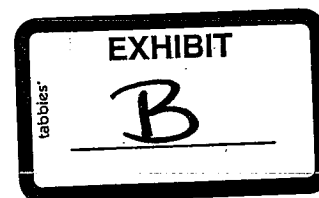
COMPLETE THIS SECTION ON DELIVERY

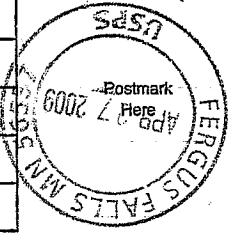
A. Signature
x [Signature]
B. Received By (Printed Name)
Allison Copeland
C. Date of Delivery
5/1/09
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

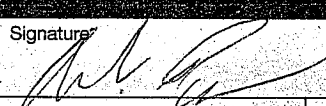
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

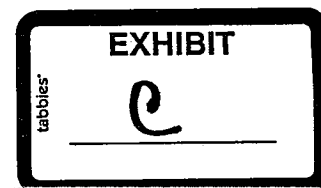
4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540



U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$		
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	\$6.24	
Sent To			
U.S. Attorney			
Street, Apt. No., or PO Box No. 600 U.S. Courthouse, Suite 600			
City, State, ZIP+4 300 South 4th Street 600 Minneapolis, MN 55415			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>U.S. Attorney 600 U.S. Courthouse, Suite 600 300 South 4th Street Minneapolis, MN 55415</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Anderson</u></p> <p>C. Date of Delivery <u>4-29-09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 3110 0000 0501 8896</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



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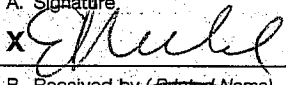
OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.24

Sent To
 National Appeals Division
 Street, Apt. No.,
 or PO Box No. P.O. Box 68806
 City, State, ZIP+4
 Indianapolis, IN 46268-0806

PS Form 3800, June 2002 See Reverse for Instructions

2009-4112 VKS

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) E. M. Muel</p> <p>C. Date of Delivery MAY 01 2009</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: National Appeals Division P.O. Box 68806 Indianapolis, IN 46268-0806	
2. Article Number (Transfer from service label)	7005 3110 0000 0501 8919

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.24

Postmark Here
 APR 27 2009
 FERGUS FALLS MN 56537

Sent To
U.S. Attorney General
 Street, Apt. No.,
 or PO Box No. 950 Pennsylvania Ave NW
 City, State, ZIP+4[®]
Washington D.C. 20530-0001

PS Form 3800, June 2004 See Reverse for Instructions

2009-4112 VKS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MAY 6 2009</u></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>U.S. Attorney General</u> <u>950 Pennsylvania Ave NW</u> <u>Washington D.C.</u> <u>20530-0001</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7045 3110 0000 0501 9336</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

